

WCPSS School to Career Internship Program
INTERNSHIP AGREEMENT

Student Name: _____

Organization: _____

Supervisor Name & Title: _____

Supervisor Email: _____

Organization Address, City, Zip: _____

Organization phone #: _____ FAX #: _____

Internship start date: _____ Number of weeks: _____ # Hours per week: _____
Internship end date: _____

Rate of pay (if applicable): _____ per _____ Frequency payment: _____

The Student Intern agrees to:

1. Undertake activities that provide a comprehensive view of the organization and that focuses on the roles, responsibilities, and functions of the organization sponsor.
2. Agrees to complete honors projects and earn honors internship credit before beginning the internship.
3. Communicate desired learning objectives to the Internship Supervisor.
4. Consult with the Internship Coordinator bi weekly or as assigned by the Internship Coordinator.
5. Be regular in attendance and on time to assigned internship and notify the Internship Coordinator and internship supervisor should accident or illness occur.
6. Conform to the regulations of the organization (dress, conduct, etc.)
7. Understand that dropping the internship will result in a withdrawal/failure to complete the internship.
8. Understand the Internship Coordinator and the organization must give permission to terminate the internship.
9. Complete all WCPSS internship credit requirements.
10. Abide by any regulations, practices, and procedures of the Wake County Public School System and the Wake County Public School System Internship Program.

The Internship Coordinator agrees to:

1. Review the student intern's learning objectives and internship responsibilities.
2. Monitor the student performance during the internship.
3. Maintain contact with the internship supervisor.

